



Suresh Rathi Securities Pvt. Ltd.

Member : The Stock Exchange, Mumbai
National Stock Exchange of India
Trading Member : Derivative Segment NSE
Derivative Segment BSE
Participant : Central Depository Services (I) Ltd.



Mahesh Hostel Complex, Bombay Motors Circle
Chopasni Road, **JODHPUR** - 342 003 (Raj.)

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CIN : U67120MH1997PTC108898

PAN: AABCS5554M

GST No.: 08AABCS5554M1ZX

Correction in the name of Individual Demat Account Holder

Depository Participant Name / Address									
Application No.		Date	D	D	M	M	Y	Y	Y

Dear Sir/Madam ,

I/We hereby request you to carry out the correction in my/our name in the following demataccount no:

Please fill all the details in Block Letters in English

DP ID								Client ID							
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Account Holder's Details	
Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

Correction in name of the _____ [1st/2nd/3rd] holder.

Name as recorded in demat account	
Correction in name to be updated in demat account	

• **Reason for minor correction (please tick any one)**

- ☐ Expansion of initials ☐ Addition of middle name
☐ Abbreviation to initials ☐ Correction of spelling mistakes

I hereby state that the above specified reason is for correction in name of my/our demat account and the same is not on account of change in name due to marriage, divorce, court order, numerology or any other reasons.

• **Specify the proof of identity submitted in support of correction in name.**

- ☐ PAN card ☐ AADHAAR card ☐ Passport ☐ Driving Licence
☐ Voter's identity card issued by the Election Commission of India

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Note: To be signed by the demat account holder whose name is to be corrected in the CDSL system.



Important Instructions:

- A) Fields marked with '*' are mandatory fields.
B) Please fill the form in English and in BLOCK letters.
C) Please fill the date in DD-MM-YYYY format.
D) Please read section wise detailed guidelines / instructions at the end.
E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
F) List of two character ISO 3166 country codes is available at the end.
G) KYC number of applicant is mandatory for update application.
H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	
<i>(To be filled by financial institution)</i>	KYC Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<i>(Mandatory for KYC update request)</i>
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)	<input type="checkbox"/> Small

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/>)			
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categoricalised			
Gross Annual Income (Range)	<input type="checkbox"/> Below Rs 1 LAC <input type="checkbox"/> Rs 1-5 LAC <input type="checkbox"/> Rs 5-10 LAC <input type="checkbox"/> Rs 10-25 LAC <input type="checkbox"/> Above Rs 25 LAC			

PHOTO

Applicant Signature / Thumb Impression

☐ **2. TICK IF APPLICABLE** ☐ **RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA** (Please refer instruction **B** at the end)

ADDITIONAL DETAILS REQUIRED		* (Mandatory only if section 2 is ticked)
ISO 3166 Country Code of Jurisdiction of Residence*		
Tax Identification Number or equivalent	(If issued by jurisdiction)*	
Place / City of Birth*		ISO 3166 Country Code of Birth*

<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">3.</div> <div> PROOF OF IDENTITY (Pol)* (Please refer instruction C at the end) (Certified copy of <u>any one</u> of the following Proof of Identity[Pol] needs to be submitted) </div> </div>			
<input type="checkbox"/> A- Passport Number	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Passport Expiry Date	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">D</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">D</div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">M</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">M</div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px;">Y</div> </div>
<input type="checkbox"/> B- Voter ID Card	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<input type="checkbox"/> C- PAN Card	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<input type="checkbox"/> D- Driving Licence	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Driving Licence Expiry Date	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">D</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">D</div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">M</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">M</div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px;">Y</div> </div>
<input type="checkbox"/> E- UID (Aadhaar)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<input type="checkbox"/> F- NREGA Job Card	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Identification Number	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Identification Number	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D** at the end)
(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar)

☐ Voter Identity Card ☐ NREGA Job Card ☐ Others

☐ Simplified Measures Account - Document Type code

☐ Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

District*

Pin / Post Code*

State / U.T Code*

ISO 3166 Country Code*

City / Town / Village*

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*																								
Line 2																								
Line 3																								
District*									Pin / Post Code*					State / U.T Code*			ISO 3166 Country Code*							

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*																								
Line 2																								
Line 3																								
State*									ZIP / Post Code*					ISO 3166 Country Code*										

☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off)					Tel. (Res)					Mobile											
FAX					Email ID																

☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type*	<input type="checkbox"/> Guardian of Minor		<input type="checkbox"/> Assignee		<input type="checkbox"/> Authorized Representative	
Name*	Prefix	First Name	Middle Name	Last Name		

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

<input type="checkbox"/> A- Passport Number									Passport Expiry Date				
<input type="checkbox"/> B- Voter ID Card													
<input type="checkbox"/> C- PAN Card													
<input type="checkbox"/> D- Driving Licence									Driving Licence Expiry Date				
<input type="checkbox"/> E- UID (Aadhaar)													
<input type="checkbox"/> F- NREGA Job Card													
<input type="checkbox"/> Z- Others (any document notified by the central government)									Identification Number				
<input type="checkbox"/> S- Simplified Measures Account - Document Type code									Identification Number				

☐ 7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD-MM-YYYY Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date												
Emp. Name												
Emp. Code												
Emp. Designation												
Emp. Branch												

[Employee Signature]

INSTITUTION DETAILS

Name	SURESH RATHI SECURITIES PVT. LTD.															
Code																

[Institution Stamp]



Suresh Rathi

Wealth Creator thru Systematic Investment

info@sureshrathi.in

www.sureshrathi.com

Registered Office:

11 & 12 "A", Wing, Mithila Apartment,
J. B. Nagar, Andheri (E),
Mumbai - 400059.

Tel.: 022-28354000, Fax: 022-28205533

Corporate Office:

Maresh Hostel Complex,
Opp. Bombay Motors, Chopasni Road,
Jodhpur - 342003.

Tel.: 0291-27 97000, Fax: 0291-24 30913

Account Details Addition / Modification / Deletion Request Form

Date

BOID 1 2 0 1 2 1 0

Trading Code

PAN

Account Holder's Details

Name of the Sole / First Holder

Name of Second Joint Holder

Name of Third Joint Holder

Dear Sir / Madam,

I / We request you to make the following additions / modifications / deletions to my / our Trading and Demat account in your records

☐ I/We request to carry out the change of address / signature in the demat account

☐ I/We request to carry out the change of address / signature in the KRA and demat account

Bank Details	Existing Details	New Details
Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Modification <input type="checkbox"/>	Bank Name:	
	A/c No.:	
	A/c Type: <input type="checkbox"/> Saving Account <input type="checkbox"/> Current Account	A/c Type: <input type="checkbox"/> Saving Account <input type="checkbox"/> Current Account
	MICR (Mandatory for DP)	MICR (Mandatory for DP)
	IFS CODE	IFS CODE

Address Details	Existing Details	New Details
Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Modification <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent <input type="checkbox"/>	City:	City:
	State:	State:
	Pin Code:	Pin Code:
	Country:	Country:
	Tel No.:	Tel No.:
E-mail ID		

Annual Income (Please tick ✓):

☐ Below 1 Lac ☐ 1-5 Lac ☐ 5-10 lac ☐ 10-25 lac ☐ More than 25 Lacs

Other Details (Please Specify)	Existing Details	New Details

Declaration of email id/Mobile Number	I/We, hereby declare that the Mobile no.: <input type="checkbox"/> Email ID: <input type="checkbox"/> belongs to Mr/Mrs _____ Your Relation: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependant child <input type="checkbox"/> Dependant Parent <input type="checkbox"/> A/P <input type="checkbox"/>
	I/We request you to update the same in my trading and Demat account and send all the Confirmations and other communication through SMS and EMAIL ID.
	Further I/We hereby agree & undertake to indemnify and keep indemnified and save harmless you from against all claims/ demands/ penalties/suits/action or any loss or damaged suffered or uncured by you as a Consequence of such instruction

The DP can provide the services of issuing the statement of demat accounts in an electronic mode to me/us. The statement of demat accounts should be digitally signed

	First / Sole Holder	Second Holder	Third Holder
Signature * (As per DP)			